Reviewer’s report

Title: Diagnosis and management of lumbar spinal stenosis in primary care in France: a survey of general practitioners

Version: 1 Date: 30 Jul 2019

Reviewer: Jon Lurie

Reviewer's report:

This is a revised manuscript describing the results of a survey of GPs in France regarding their diagnosis and treatment of LSS. The authors have attempted to address some of the prior critiques but some concerns remain. The fundamental weakness is the low response rate though the authors address this issue and cannot improve it, the conclusions regarding the responses are necessarily limited. I have a number of remaining concerns which all seem to relate to a number of the authors' opinions and apparent biases which seem to creep into the manuscript in part because the amount of substantive methodology and results are limited. In the introduction line 119 they state "high-level evidence from large clinical trials is lacking" with regards to LSS in general which is not strictly true, I am aware of at least 3 sizeable RCTs regarding surgery vs non-operative treatment in LSS, at least 1 large high-quality RCT of epidural steroids, numerous systematic reviews/meta-analyses, etc. which are the highest level evidence available. Similar on lines 271-272 they conclude that effectiveness of epidurals cannot be concluded due to low quality evidence citing Lurie et al. but this is not the conclusion from that review and not strictly true as previously discussed; the actual conclusion from that review was "limited evidence of a lack of effectiveness [of epidural injections] in spinal stenosis". A major point of the manuscript seems to be a lack of recommendation for specific flexion-based exercise or endurance training. I have 2 concerns about this. The first is that nearly all (94%) state they would refer for physical therapy. It would seem a reasonable interpretation that if they were referring to PT, they would not pre-judge the PT regimen to be prescribed but leave that to the therapists. If the PTs do not know the evidence regarding the role of the flexion-based exercise and flexion postured endurance training, that seems to be a system deficit above and beyond GPs and primary care, and if they do, then the strategy of PT referral by the GP seems to be a reasonable one that addresses the issue. Moreover, it is unclear from reviewing the survey how they draw the conclusion of the low rates of recommending doing flexion-based exercise since this was not an option for selection on the survey they seem to base this on the failure to specifically state this in terms of advice given but this is of such a different character than selecting from a list that it is unclear whether this is useful data. The survey is also confusing in terms of non-operative treatments as there are rows for both Physiotherapy and Physical Therapy and it is unclear if there is a distinction, whether this is a typo in the survey or in the manuscript and if the former whether the two were combined for reporting. (In Table 4 it appears to be listed as Physical activity but in the survey in the appendix it reads Physical Therapy) The authors say they got rid of the term "radicular claudication" but it remains in Figure 2. Also the data on referral seems very confusing. There are numerous different reasons for referral and different specialist but unclear if there is any relationship between the two. In other words for those who would refer "on evocation of the diagnosis" are the specialist similar to those who would only refer "in case of therapeutic failure" given the evidence in the literature, referral
to a surgeon in the latter case is much more reasonable than in the former for example. Table 4
seems to be a compilation of free text answers based on the survey format, were all the grouped
answers really identical (i.e. "to strengthen the muscles") or were they grouped thematically; if
they were grouped was this done formally using qualitative research methods or just based on the
opinion of one or more authors?

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